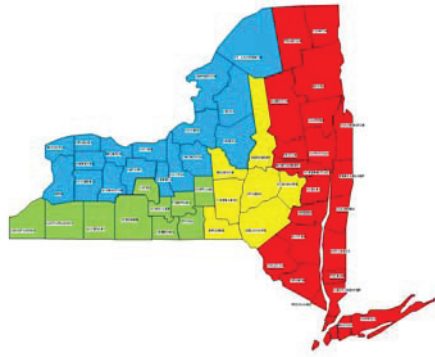


## Regional Networking

To keep abreast of issues related to fires and burn injuries, the Arson Bureau utilizes a regional networking program. Bureau investigators interact with fire investigation teams, fire coordinators, and burn treatment facilities to address their problems or concerns.



## Offices

### **Albany Office**

1 Commerce Plaza - Suite 500  
99 Washington Avenue  
Albany, NY 12210  
phone - 518.474.6746  
fax - 518.402.3196

### **Academy of Fire Science**

600 College Avenue  
Montour Falls, NY 14865  
phone - 607.535.7136  
fax - 607.535.4841

### **Syracuse Office**

333 E. Washington Street - Suite 513  
Syracuse, NY 13202  
phone - 315.428.4037  
fax - 315.428.3293

### **Oneonta Office**

28 Hill Street - Suite 124  
Oneonta, NY 13820  
phone - 607.433.2857  
fax - 607.433.2896

To Report a Burn Injury Call the  
**Burn Injury Reporting Hotline**  
**1-800-345-5811**

If you have questions about the burn injury reporting system  
call 518.474.6746 or your regional office during regular business hours.



Division of Homeland Security and Emergency Services



# NEW YORK STATE **BURN INJURY** REPORTING LAW

REPORTING  
REQUIREMENTS

PROGRAM  
OVERVIEW

OFFICE OF  
FIRE PREVENTION  
& CONTROL

arson bureau



## What Needs to be Reported under the Law?

- 2nd or 3rd degree burns to **5% or more** body surface area
- Any burns to the **Upper Respiratory Tract**
- **Laryngeal Edema** due to inhalation of super-heated air
- Any burn which may result in **death**

**!** All medical facilities that treat a burn injury meeting these criteria are required to report, not just the initial treating facility **!**

## How To Report Burn Injuries

Immediately call the New York State Office of Fire Prevention and Control 24-hour hotline at:

**1-800-345-5811**

Tell the operator you are reporting a burn injury and be prepared to provide the following information as required on the burn card:

- victim's name, address and DOB
- address where burn occurred
- date and time of injury
- degree(s) of burns and % BSA burned
- area(s) of body injured
- injury severity
- apparent cause of burn injury
- name and address of reporting facility
- attending physician

**AND**

Complete the Burn Injury Report form and submit within 72 hours using the postage-paid burn injury reporting card

REPORT ALL BURN INJURIES IMMEDIATELY! 1-800-345-5811  
NYS DEPARTMENT OF STATE OFFICE OF FIRE PREVENTION AND CONTROL  
Burn Injury Report (File within 72 hours)  
Print or Type

SERIAL NUMBER 82777

1) VICTIM'S NAME (Last, First, M.I.)		2) SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	3) DATE OF BIRTH
4) VICTIM'S ADDRESS (Number, Street)		APT. #	
CITY, TOWN, POST OFFICE		STATE	ZIP CODE
5) ADDRESS WHERE BURN OCCURRED (Number, Street)		APT. #	
CITY, TOWN, POST OFFICE		COUNTY	STATE
6) DATE OF INJURY		7) TIME OF INJURY	8) PERCENT BURNED
HRS.		MIN.	%
9) AREAS OF BODY INJURED		10) DEGREE(S) OF BURN(S)	
1) FACE, HEAD 2) NECK, SHOULDER 3) CHEST, ABDOMEN 4) BACK, BUTTOCKS 5) GROIN, GENITALS 6) LEG 7) FOOT 8) ARM 9) HAND 10) INTERNAL (including trachea and larynx)		1) MODERATE (treated and released) 2) SERIOUS (hospitalized) 3) LIFE THREATENING (death is imminent and/or probable) 4) DEAD ON ARRIVAL	
11) APPARENT CAUSE OF BURN INJURY (Place appropriate number in box)			
1) CHEMICAL — Contact or exposure to reactive, caustic, irritant or irritating substance 2) CONTACT W/ HOT OBJECT — Woodstove, stovepipe, furnace, iron, steampipe, exhaust pipe, etc. 3) COOKING — Stove, oven, hotplate, barbecue, hot grease 4) ELECTRICAL — Electrocution, electrical equipment and fasteners 5) EXPLOSIVE — Gun powder, TNT, dynamite 6) FIREWORKS — Sparklers, firecrackers, rockets, smoke bombs, etc. 7) FLAMMABLE LIQUIDS — Ignition of flammable/combustible liquids such as gasoline, kerosene, diesel fuel, jet fuel, lighter fluid, etc. 8) GAS/VAPOR EXPLOSION — Ignition of flammable gases or the explosion of flammable liquid vapors 9) HOT LIQUID — Hot water, coffee, tea, hot food, hot fat, melted plastic, etc. 10) OTHER OPEN FLAME — Welding, matches, lighter, torch, etc. 11) OUTSIDE FIRES — Grass and brush, forest, bonfires, dumps, trash and refuse fires, etc. 12) RADIATION — Burns caused by contact or exposure to any radioactive materials 13) STEAM — Caused by escaping steam from radiators, boilers, pipes, etc. 14) STRUCTURE FIRE — Any uncontained burning within a structure, including smoking accidents, trash fires, etc. 15) SUNBURN — Exposure to ultraviolet light, including sun lamps 16) VEHICLE FIRE — Car, truck, plane, boat, tractor, lawnmower, etc., carburetor and engine fires, etc.			
12) REPORTING FACILITY			
14) ADDRESS OF REPORTING FACILITY (Number, Street)			
CITY, TOWN, POST OFFICE			
STATE			
ZIP CODE			
15) NAME OF ATTENDING PHYSICIAN (Last, First, M.I.)			
17) DATE OF REPORT			
18) PERSON FILLING OUT REPORT (Signature)			
X			
CHECK HERE IF THIS INJURY HAS RECEIVED PRIOR TREATMENT (transfer patient)			
OFFICE OF FIRE PREVENTION AND CONTROL USE ONLY			
Facility I.D.			



call 518.474.6746  
to request additional  
burn cards

## Why Report?

- Identifying Arsonists
  - investigators use the data to see if an arsonist was treated for a burn injury received while committing a crime
- Burn Prevention
  - used to identify problems that need to be addressed through public education, regulation, or development of intervention strategies
- It's the Law!

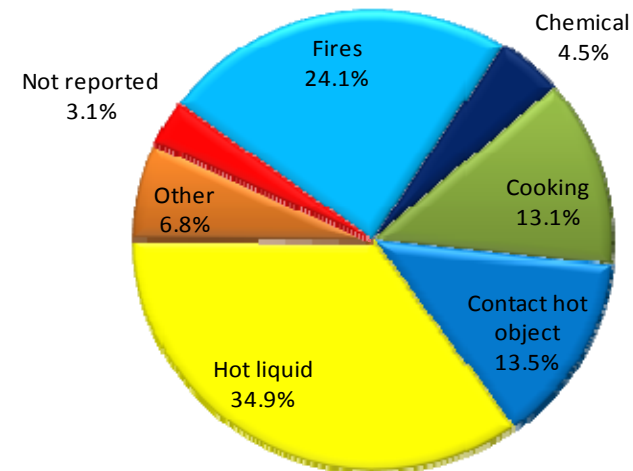
## New York State Penal Law

### §265.26. Burn injury and wounds to be reported.

Every case of a burn injury or wound, where the victim sustained second or third degree burns to five percent or more of the body and/or any burns to the upper respiratory tract or laryngeal edema due to the inhalation of super-heated air, every case of a burn injury or wound which is likely to or may result in death, shall be reported at once to the office of fire prevention and control. The state fire administrator shall accept the report and notify the proper investigatory agency. A written report shall also be provided to the office of fire prevention and control within seventy-two hours. The report shall be made by (a) the physician attending or treating the case; or (b) the manager, superintendent or other person in charge, whenever such case is treated in a hospital, sanitarium, institution or other medical facility.

The intentional failure to make such report is a class A misdemeanor.

## percentages of burns by cause



13296 burn injuries reported 2004 - 2008